



COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
**Public Health**

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October 14, 2003

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.  
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H.  
Director of Public Health and Health Officer

SUBJECT: **COMMUNITY HEALTH CONCERNS AND SUNSHINE CANYON  
LANDFILL**

This is in response to the September 9, 2003 Board motion instructing the Department of Health Services to attend the September 11, 2003 Los Angeles Regional Water Quality Board meeting and report back to the Board with recommendations for examining claims of cancer and other illnesses among individuals living near the Sunshine Canyon Landfill. Dr. Paul Simon, Director of Health Assessment and Epidemiology, attended the Water Quality Board meeting. He and staff in the Toxics Epidemiology Program have reviewed background materials related to the landfill and associated health complaints. They also convened a meeting with approximately 20 community representatives on September 30th to obtain additional information on the health concerns and to begin discussions on possible approaches for investigating these concerns. During this process, they have worked closely with Dr. James Stratton, of the California Environmental Protection Agency's Office of Environmental Health Hazard Assessment (OEHHA), who was asked by the Water Quality Board to provide consultation on these community health concerns.

Based on the information collected to date, the following actions are recommended and have been initiated:

- 1) **Request additional analysis of data from the University of Southern California Cancer Surveillance Program (CSP):** State law mandates that all cancers (except non-melanotic skin cancers) diagnosed in California residents be reported to the California Cancer Registry (CCR). The USC CSP, which is the Region of the CCR serving Los Angeles County, has collected statistics on cancers diagnosed in the county population since 1972. The CSP is funded by the National Cancer Institute and the California Department of Health Services,

and adheres to rigorous quality control standards to ensure accurate and complete reporting of all cases. The CSP has conducted two prior analyses of cancer rates in the area just east of the Sunshine Canyon Landfill and neither has shown an excess of cancer. We have asked that they conduct additional analysis of cancer rates in the adjacent census tracts extending to the south of the landfill. We have been told that they will provide a completed report in the next two weeks.

- 2) **Analysis of low birth weight births:** Because of community concerns expressed about possible adverse birth outcomes, we analyzed data from birth certificates on all births in 1995-2000 among women residing in the nine census tracts closest to the landfill. These data are required by state law to be reported on all live births. The results indicate that the rates of low birth weight births in the nine census tracts during the 6-year period were similar to the rate reported countywide.
- 3) **Analysis of data from the California Birth Defects Monitoring Program:** This program collects data on all infants born with selected birth defects in the state. In Los Angeles County, data are collected on five conditions: Down Syndrome, cleft lip with or without cleft palate, neural tube defects (e.g., spina bifida), and two congenital heart defects (transposition of the great arteries and Tetralogy of Fallot). To further address community concerns about possible adverse birth outcomes, we asked the state's Birth Defects Monitoring Program to compare the rates of these five conditions in the two zip code areas (they do not have data by census tract) nearest the landfill with the rates seen countywide. We have been told they will issue their report in the next two weeks.
- 4) **Analysis of death rates and causes of death:** State law requires that death certificates be filed on all deaths and include information on age at death and causes of death. We are currently analyzing death certificate data for the period 1996-2001 to determine age-adjusted death rates and causes of deaths in the nine census tracts around the landfill and to compare these results with statistics for the population countywide. We expect the analysis to be completed in the next week.
- 5) **Analysis of childhood asthma:** To address community concerns about respiratory illness, we will attempt to assess the prevalence of childhood asthma in the neighborhoods adjacent to the landfill compared to the prevalence countywide (available from the Los Angeles County Health Survey). We are exploring two possible strategies to collect the needed data for children residing near the landfill. First, we have scheduled a meeting with the principal of the elementary school closest to the landfill to determine if we can access the school health records of incoming kindergartners over the past several years to determine the percentage with a history of asthma. Second, we are planning a targeted household survey (see below).
- 6) **Household survey:** A number of community members expressed concern that the official cancer statistics from USC do not accurately reflect what is occurring in their community for at least two reasons. First, some cancers may have occurred that have not yet been reported to the registry and, second, some long-time residents (especially children who grew up in the area) may have moved away prior to being diagnosed with cancer. These persons would not be included in the USC CSP statistics for the area adjacent to the landfill because cancer cases are counted based on the address at the time of diagnosis. We will do a targeted door-to-door survey of a random sample of households in the census tract closest to the landfill to

determine if there have been cases of unreported cancer or children who moved away and were then diagnosed with cancer as adults. The survey will also include questions about asthma and other chronic respiratory conditions. The number of households sampled will be determined by statistical power calculations and by available resources although we estimate the number will be in the range of 100 households.

7. **Additional cancer casefinding:** Because there are many more households in the census tract closest to the landfill than will be included in the survey, we will also offer concerned residents in this census tract an opportunity to voluntarily submit cancer reports using a standardized reporting form to identify additional cases among current residents and those who grew up in the neighborhood and then moved away. If unreported cases are identified among current residents, this information will be used to update the USC CSP analysis. Cases identified among former child residents who moved away cannot be used to calculate cancer rates because we do not have information on all persons who lived in the census tract in the past. However, the cancer reports can be reviewed to determine if there are uncommon cancers occurring that have been shown in the published peer-reviewed scientific literature to be linked to environmental causes.
8. **Literature review:** We have begun a review of the research literature on the relationship between landfills and the health of nearby residents. We will provide a written summary of this review in the next month.

It is important to note that the data analyses described above will provide information on the rates and patterns of specific health conditions and overall mortality in the community near the landfill compared to the rest of the county. However, the analyses will not be able to assess cause and effect relationships between the landfill and health conditions. For example, if we find a higher prevalence of childhood asthma in the community than among children countywide, this disparity could be due to known triggers of asthma (e.g., pollen, animal dander, cigarette smoke, and ambient air pollution) rather than factors associated with the landfill. In addition, the tools of epidemiology as described above are generally not sensitive enough to detect adverse health effects, even when there is evidence of toxic exposures, unless the exposures are at much higher levels (as for example, in a hazardous work setting) than would be plausibly expected in a community setting.

We will provide you with information on the results of our investigation as they become available. If you have questions, please contact either of us or Dr. Paul Simon at (213) 240-7785.

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